The William Armacost Memorial Scholarship Application

Academic Year 2017-2018

(\$750 per year)

Students who meet the following criteria are invited to apply for this new scholarship in memory of William Armacost who was an outstanding Professor of Mathematics and chair of the department at CSUDH.

Eligibility: To qualify for this scholarship the student must:

- 1. Be an undergraduate mathematics major (any option)
- 2. Have completed at least two semesters of calculus and MAT 271 or equivalent,
- 3. Have completed **at CSUDH** at least three of the following courses: MAT 191, 193, 211, 213, 271, 281, 311, 321, 331, 333
- 4. Have at least a 3.0 GPA in all math courses attempted at CSUDH

<u>Application Procedure</u>

- 1. Write a two-page personal statement of academic and professional career aspirations and goals. You may address how you decided to major in mathematics and what career you expect to have.
- 2. Request a letter of reference from a mathematics department faculty member. The instructions to the faculty member will be part of the application packet.
- 3. Submit unofficial transcripts with your application.
- 4. Submit the completed application form, unofficial transcripts, and personal statement to the Mathematics Department Office **NO LATER THAN 5:00 PM ON APRIL 20, 2017**.

The announcement of the winner of the \$750 scholarship for the 2017-2018 academic year will be made by the end of the semester. A student may receive the scholarship a maximum of two times. Students should be aware that this scholarship may alter their financial aid package.

Please print or type all information.

Last Name						
First and Middle Names						
Student ID Number	Date of Birth					
Local Street Address or						
P.O. Box						
Local City, State, Zip						
Local Phone						
Permanent Street						
Address or P.O. Box						
Permanent Phone	()					
E-mail Address						
In which option of the ma	athomotics me	oior oro				
you enrolled?	atticitiaties illa	ajoi aic				
Expected date of graduat	ion					
Expected date of graduat	1011					
Class standing (Freshman	ı, Sophomore	e, etc.)				
Number of semester			Number of ser	nester		
units to be completed			units in mathe	matics		
before Fall, 2017			to be complete	ed		
			before Fall, 20			
Full or Part-time in			Math		Overall	
Fall, 2017?			GPA		GPA	
Are you applying for			Have you com	pleted		l
any other financial			the FAFSA Fo			
aid?						
In submitting this applicate permission to the commit CSUDH.						
Signature of applicant				Date		

Letter of Reference Form

Please print or type all information.

Name of Student			
Name of Reference		-	
		_	
Student Waiver of Access (optional)	The applicant waives the right to have access to this letter.		
Student Signature	Date	2	

Instructions to Applicant:

Fill out the information above, sign the waiver of access if you choose, and give this form to the person writing the reference.

Instructions to Referee:

Evaluate the student's academic performance and personal qualities, particularly as they relate to mathematics. Please indicate the basis of the evaluation. Attach this form to your letter of reference. Submit the materials to the mathematics department office no later than APRIL 20, 2017.